



City of Helena Vision Enrollment/Change Form

☐ **City Employee** ☐ **Other:** _____

(Retiree, Library, Airport, COBRA)

☐ **New enrollment**

☐ **Change**

Name: _____

Mailing Address: _____

Phone: _____

Personal E-mail: _____

Work E-mail: _____

Social Security Number: _____

Date of Birth: _____

Coverage Type: (select one)

☐ **A – Family (fill out dependents names below)**

☐ **B – Member + 1 (fill out dependent name below)**

☐ **C – Member only**

Dependent(s):

Add

Drop

Spouse: _____

☐☐

Child: _____

☐☐

Child: _____

☐☐

Child: _____

☐☐

Child: _____

☐☐

Enrollee Signature

Date

Effective Date: _____

Please return this form to the Human Resource Office.